



Type a plus (+) sign in this box →



10-04-01

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(or new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. S01.12-0718/STL 9917-9918

First Inventor or Application Identifier Gary E. Bement et al.

Title SUSPENSION SYSTEM WITH ADJUSTABLE PRE-LOAD

Express Mail Label No. EL844349349US

J1002 U.S. PTO
09/97/015

10/03/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Sheets 21]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. § 113) [Total Sheets 14]

4. Oath or Declaration [Total Sheets 3]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)

- i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
 6. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 a. Computer Readable Copy
 b. Paper Copy (Identical to computer copy)
 c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
 8. 37 C.F.R. § 3.73(b) Statement (when there is an assignee) Power of Attorney
 9. English Translation Document
 10. Information Disclosure Statement (IDS/PTO – PTO) Copies of IDS
 11. Preliminary Amendment
 12. Return Receipt Postcard (MPEP 503)
 13. *Small Entity Statement(s) Statement filed in prior application.
(PTO/SB/09-12) Status still proper and desired
 14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
 15. Request and Cert. Under 35 USC 122 (Non-Pub)
 16. Other: File Data Sheet

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name	Deirdre Megley Kvale WESTMAN CHAMPLIN & KELLY			
Address	Suite 1600 – International Centre 900 South Second Avenue			
City	Minneapolis	State	MN	Zip Code
Country	USA	Telephone	(612) 334-3222	Fax
Name (Print/type)		Deirdre Megley Kvale		Registration No. (Attorney/Agent)
Signature		Deirdre Z Kvale		Date

Name (Print/type) Deirdre Megley Kvale Registration No. (Attorney/Agent) 35,612

Signature Deirdre Z Kvale Date 10/3/01

FEE TRANSMITTAL

Complete if Known																																																																																																																																																																																																	
Application No.																																																																																																																																																																																																	
Filing Date			HEREWITH																																																																																																																																																																																														
First Named Inventor			Gary E. Bement et al.																																																																																																																																																																																														
Title			SUSPENSION SYSTEM WITH ADJUSTABLE PRE-LOAD																																																																																																																																																																																														
Group Art Unit																																																																																																																																																																																																	
Examiner Name																																																																																																																																																																																																	
Total Amount of Payment \$ 824			Atty. Docket Number S01.12-0718/STL 9917-9918																																																																																																																																																																																														
METHOD OF PAYMENT (Check One)			FEE CALCULATION (Continued)																																																																																																																																																																																														
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.			3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th rowspan="2">Large Entity Fee Code</th> <th rowspan="2">Fee (\$)</th> <th colspan="2">Small Entity Fee</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>280</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>Total</td> <td>20</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Indep.</td> <td>4</td> <td>3</td> <td>1</td> <td>84</td> <td>84</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims</td> </tr> <tr> <td colspan="6">** Insert 3 and 20, or number previously paid if greater, Reissue see below</td> </tr> <tr> <td colspan="3"> Large Entity Fee Code </td> <td colspan="3"> Small Entity Fee Code </td> </tr> <tr> <td colspan="3"> Fee (\$) </td> <td colspan="3"> Fee (\$) </td> </tr> <tr> <td colspan="3">103 18 203 9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td colspan="3">102 84 202 42</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td colspan="3">104 280 204 140</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td colspan="3">109 84 209 42</td> <td colspan="3">Reissue Independent Claims over Original Patent</td> </tr> <tr> <td colspan="3">110 18 210 9</td> <td colspan="3">Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3">Subtotal (1) \$ 740</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"> Number Claims </td> <td colspan="3"> Prior** Extra Fee from Below </td> </tr> <tr> <td colspan="3"> Total 20 </td> <td colspan="3"> 0 18 0 </td> </tr> <tr> <td colspan="3"> Indep. 4 </td> <td colspan="3"> 3 1 84 84 </td> </tr> <tr> <td colspan="6">Other Fee (specify) _____</td> </tr> <tr> <td colspan="3">Subtotal (2) \$ 84</td> <td colspan="3">Subtotal (3) \$</td> </tr> </tbody> </table>			Large Entity Fee Code	Fee (\$)	Small Entity Fee		Fee Description	Fee Paid	Fee Code	Fee (\$)	105	130	205	65	Surcharge - Late filing fee or oath		127	50	227	25	Surcharge - Late provisional Filing Fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For Filing a Request for Reexamination. (ex parte)		115	110	215	55	Extension for reply within first month		116	400	216	200	Extension for reply within second month		117	920	217	460	Extension for reply within third month		118	1,440	218	720	Extension for reply within fourth month		128	1,960	280	980	Extension for reply within fifth month		120	320	220	160	Filing a brief in support of an appeal		121	280	221	140	Request for oral hearing		148	110	248	55	Terminal Disclaimer Fee		140	110	240	55	Petition to Revive - unavoidable		Total	20	20	0	18	0	Indep.	4	3	1	84	84	Multiple Dependent Claims						** Insert 3 and 20, or number previously paid if greater, Reissue see below						Large Entity Fee Code			Small Entity Fee Code			Fee (\$)			Fee (\$)			103 18 203 9			Claims in excess of 20			102 84 202 42			Independent claims in excess of 3			104 280 204 140			Multiple Dependent Claims			109 84 209 42			Reissue Independent Claims over Original Patent			110 18 210 9			Reissue claims in excess of 20 and over original patent			Subtotal (1) \$ 740						Number Claims			Prior** Extra Fee from Below			Total 20			0 18 0			Indep. 4			3 1 84 84			Other Fee (specify) _____						Subtotal (2) \$ 84			Subtotal (3) \$		
Large Entity Fee Code	Fee (\$)	Small Entity Fee		Fee Description	Fee Paid																																																																																																																																																																																												
		Fee Code	Fee (\$)																																																																																																																																																																																														
105	130	205	65	Surcharge - Late filing fee or oath																																																																																																																																																																																													
127	50	227	25	Surcharge - Late provisional Filing Fee or cover sheet																																																																																																																																																																																													
139	130	139	130	Non-English specification																																																																																																																																																																																													
147	2,520	147	2,520	For Filing a Request for Reexamination. (ex parte)																																																																																																																																																																																													
115	110	215	55	Extension for reply within first month																																																																																																																																																																																													
116	400	216	200	Extension for reply within second month																																																																																																																																																																																													
117	920	217	460	Extension for reply within third month																																																																																																																																																																																													
118	1,440	218	720	Extension for reply within fourth month																																																																																																																																																																																													
128	1,960	280	980	Extension for reply within fifth month																																																																																																																																																																																													
120	320	220	160	Filing a brief in support of an appeal																																																																																																																																																																																													
121	280	221	140	Request for oral hearing																																																																																																																																																																																													
148	110	248	55	Terminal Disclaimer Fee																																																																																																																																																																																													
140	110	240	55	Petition to Revive - unavoidable																																																																																																																																																																																													
Total	20	20	0	18	0																																																																																																																																																																																												
Indep.	4	3	1	84	84																																																																																																																																																																																												
Multiple Dependent Claims																																																																																																																																																																																																	
** Insert 3 and 20, or number previously paid if greater, Reissue see below																																																																																																																																																																																																	
Large Entity Fee Code			Small Entity Fee Code																																																																																																																																																																																														
Fee (\$)			Fee (\$)																																																																																																																																																																																														
103 18 203 9			Claims in excess of 20																																																																																																																																																																																														
102 84 202 42			Independent claims in excess of 3																																																																																																																																																																																														
104 280 204 140			Multiple Dependent Claims																																																																																																																																																																																														
109 84 209 42			Reissue Independent Claims over Original Patent																																																																																																																																																																																														
110 18 210 9			Reissue claims in excess of 20 and over original patent																																																																																																																																																																																														
Subtotal (1) \$ 740																																																																																																																																																																																																	
Number Claims			Prior** Extra Fee from Below																																																																																																																																																																																														
Total 20			0 18 0																																																																																																																																																																																														
Indep. 4			3 1 84 84																																																																																																																																																																																														
Other Fee (specify) _____																																																																																																																																																																																																	
Subtotal (2) \$ 84			Subtotal (3) \$																																																																																																																																																																																														

Signature

Deirdre Megley-Kvale
(Deirdre Megley-Kvale)

Reg. No. 35,612

Date

10/3/01

Deposit Account No. 23-1123